DOCUMENT RESUME

ED 359 313 UD 029 351

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TITLE Adolescent African American Male Self Esteem: Suggestions for Mentoring Program Content. Mentoring Program Structures for Young Minority Males, Conference Paper Series.
INSTITUTION Urban Inst., Washington, D.C.
SPONS AGENCY Ford Foundation, New York, N.Y.; Grant (W.T.) Foundation, New York, N.Y.; National Inst. of Mental Health (DHHS), Bethesda, Md.; Spencer Foundation, Chicago, Ill.
PUB DATE Oct 91
NOTE 16p.
AVAILABLE FROM Publications Office, Urban Institute, P.O. Box 7273, Department C, Washington, DC 20044.
PUB TYPE Reports - Evaluative/Feasibility (142) -- Reports - Research/Technical (143)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Academic Achievement; Adolescent Development; *Adolescents; *Black Youth; Children; Coping; Disadvantaged Youth; Early Intervention; Elementary Secondary Education; *Males; *Mentors; Program Evaluation; *Self Esteem; Social Problems; Urban Youth
IDENTIFIERS *African Americans

ABSTRACT

The processes by which mentors might improve the self-esteem of economically vulnerable African American male youth are explored, drawing on previous research. The combination of biological, behavioral, and societal factors faced by young black males is complex, and has implications for identity processes. The initial longitudinal study of urban children in Atlanta (Georgia) assessed self-esteem on two occasions separated by 3 years for a group of children aged 3 or 5 years at the first testing and a group aged 7 or 9 years at first contact. The total sample was 384 at time 1 and 150 at time 2. This research points to specific aspects of the development of African American males that are relevant to the creation of mentoring programs. There is a discrepancy between the youths' more general self-esteem and their specific perceptions of themselves as less competent students than girls. A second issue is that of the males' perceptions of themselves as significantly less healthy than females. Findings suggest that interventions proposed should start early and continue in developmentally specific and appropriate ways, with an emphasis on competence as it relates to school and with awareness of racial and social issues, as well as coping patterns. (SLD)

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ED359313

Conference Paper Series

Mentoring Program Structures for Young Minority Males

Adolescent African American Male Self Esteem: Suggestions for Mentoring Program Content

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Adolescent African American Male Self Esteem: Suggestions for Mentoring Program Content

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October 1991

Research support for the findings reported were provided by NIMH, the Spencer and W.T. Grant Foundations. Current work in-progress described is supported by funding from the Spencer and Ford Foundations.

It is the purpose of this paper to examine the process by which mentors might improve the self esteem of economically vulnerable African American male youth--a daunting task at best, given the limited theoretical and empirical knowledge base on the development of minority youths. Our research is intended to contribute to the filling of that gap. In this paper I will first offer background on the topic; second, describe the results of some of our research; and third, offer policy recommendations based on an interpretation of our findings.

Background

McCandless and Evans (1973) describe "identity process" as an integration of "selves or identifications" with perceptions of future development. That future-oriented perception includes awareness of group membership and the expectations, privileges, restraints, and social responsibilities that accompany that membership (p. 390). The identifications that minority group males must integrate are many. In addition to race and ethnicity, they must deal with physiological factors specific to maleness and social factors associated with the traditional male role in American society. I will turn first to physiological factors.

In industrialized societies, women live longer than men, but apparently experience more physical and psychological illness (Wingard, 1987, p. 2). However, not only do women ultimately

outlive men, but they have lower death rates at nearly every age and for most causes. Similarly, and of equal importance, deaths due to accidents are also more often associated with the male sex throughout young adulthood. A report by the Secretary's Task Force on Black and Minority Health (1986) indicates that the physiological factors of gender and age--being male and young--are the most important risk indices for death and injury.

These gender differences have been explained in several ways. Some have suggested that the differences reflect reporting behavior differences (i.e. perception of symptoms and what is considered ill health). Both variations in willingness to talk about illness and illness behavior itself (i.e. willingness to respond to being ill) have been proposed as explanations. It has been suggested that the accidental death differences reflect the greater risk-taking behavior exhibited by males generally.

In addition to these social risk factors, biological risk factors also exist. Ample evidence suggests that males and females differ in biological factors such as blood pressure, cholesterol levels, glucose intolerance and, of course, hormones (Wingard, 1987, p. 23). Still unknown is why these differences occur. For example, are these differences genetically determined, either directly or indirectly through the effects of hormonal differences? Or are these differences between the sexes determined by behavioral differences (e.g. dietary variations)?

Findings suggest behavioral as well as physical differences between males and females. Several explanations have been

proposed: 1) that men engage in behaviors more damaging to health, 2) that women are biologically "more fit" than men and 3) that sex differences in morbidity rates actually reflect sex differences in various illness behaviors (Wingard, 1987). Whatever the reasons for these differences, social or biological, these sex-linked effects are exacerbated by ethnicity and race.

Traditionally associated with being a man in American culture is the sex role of being an economic provider. Along with this expectation, Latino, Native American, and African American youths must integrate the reality of racism and its effect on their ability to carry out the expected traditional role that accompanies their biological maleness.

This combination of biological, behavioral, and societal factors is complex and may constitute an at-risk context for minority males. The situation has implications for identity processes; it has implications for the associated adaptive strategies and coping mechanisms employed for maintaining psychological integrity. Investigating changes in self esteem during periods of developmental transition represents an important strategy for examining individual methods of coping with role strains, and thus for planning effective interventions--such as mentoring models.

Research

In our initial longitudinal study of urban children in Atlanta, Georgia, a sample of African American children was

assessed on measures of self esteem on two occasions separated by three years (Spencer, 1984). The sample included two groups. The younger transition group was made up of children who were observed from 1978 to 1979 initially as 3- or 5-year-old preschoolers or kindergartners (Time 1) and again three years later in 1981-1982 during their transition into primary school as 6- and 8-year olds (Time 2). The older transition group was made up of youngsters who were observed initially when they were either 7- or 9-year-old early primary children (Time 1) and again assessed as they entered into early adolescence as 10- and 12-year-olds (Time 2).

At Time 1, the sample of 384 subjects was equally divided by socioeconomic status, age, and sex. A total of 150 children of the original sample were followed up at Time 2. There were slightly more lower-income youths included on the follow-up. Contrary to popular assumption, lower-income families were much easier to relocate than middle-income families. The Primary Self Concept Test (Mueller and Leonetti, 1974) was used for both the younger and the older group at both Time 1 and Time 2; due to the age limitations of the instrument, the Thomas Self Concept and Value Test (Thomas, 1967) was used at both times for the younger transition group only. Both tests are used to assess general feelings about oneself and one's feelings about "self as learner" (Spencer, 1984 and 1988).

Findings for the Global Self Esteem Measure (Thomas Self Concept Test)

Consistent with research findings by Hare (1985) and others, at the follow-up the overall mean self esteem score for males was higher than the mean score for females at either Time 1 or 2. In general, self esteem was positively correlated with age, with the transition resulting in no change for females and a pattern for an increase in overall self esteem for males.

Gender differences by self esteem attribute were patterned. For example, for the attribute "happy," no difference between Time 1 and 2 was apparent for girls, while boys obtained significantly higher scores at Time 2.

For the "transition into the primary school" group, both boys and girls obtained higher scores at Time 2 for perceptions of self as having a "lot of ability"; the relationship was significant for girls although just barely evident as a pattern for boys. Similarly, both boys and girls showed a decrease in "[adult] male acceptance" at Time 2. The relationship was not at all significant for boys but appeared as a pattern for girls. It is difficult to determine whether the finding is linked to the fact that a significant number of children were from families in which women are the main wage earners and socialization agents.

Both boys and girls viewed themselves as generally "more clean" at Time 2, although this difference could be called a patterned response only for males. On the other hand, this early transition was associated with a significant increase in the self

perception of girls as "healthy"; the relationship was only slightly apparent for boys as they entered the early primary school years. The finding is particularly important given both the consistent finding of a lack of positive health orientation for males generally and the problem-plagued health findings for minority males specifically.

The response to "fear of things" appeared particularly gender linked. Although not significant for either boys or girls, boys generally demonstrated a decrease in their stated "fear of things." The reverse was evident for girls: they indicated a pattern of increased fearfulness. On the other hand, although the overall mean score for girls was lower on the attribute "attractiveness," it did not decrease further at Time 2. However, the reverse was true for males and, in fact, represented a patterned response. Boys viewed themselves as much more attractive at Time 2. The mean change approached significance for boys as they made the transition into the early primary grades.

Findings from the Academic and Personal-social Self Concept Measure (Primary Self Concept, Mueller & Leonetti, 1974)

In general, there was a patterned decrease discernible in the mean score for the "Student Self Dimension" for male youths at Time 2; that is, in general, boys saw themselves as **less competent** as students when compared with African American girls. Measures for girls indicated a slight pattern for an increase in

"student self" perception. The general trend for a lowered "student self" at Time 2 was more pronounced for the older transition group, indicating an unmistakable decrease in academic self esteem as African American youths are entering adolescence.

Similarly, for the dimension "intellectual self," boys show somewhat of a pattern for lower scores. Importantly, although there is no change for girls, the overall effect appears to be contributed to by the older transition youths: The **decrease** in "intellectual self" for youths entering early adolescence was very significant.

On the other hand, relative to the "personal/social self," females demonstrated a slight pattern for a lower self evaluation, which was not evident for boys. These data suggest specific conclusions and associated mentoring program recommendations.

Conclusions and Policy Recommendations

This research points to specific aspects of the development of African American males that are relevant to the creation of mentoring programs. First is the discrepancy between the youths' more **general** self esteem as opposed to their **specific** perception of their "student selves." Second is the issue of health consciousness. I will first address the issue of self esteem.

The transition into primary school for African American children was associated with perceptions of self as having "a lot of ability." This finding is consistent with previous research

which suggests the important "inoculating" or protective role of African American families (see Spencer, 1983). Further, as supported by research findings on social cognitive development and "self representational" processes (see Spencer, 1982), the Black child's normal experience of cognitive egocentrism appears to serve as a psychological protector against low self esteem. While low self esteem has been assumed to be directly linked with minority status, that assumption has not withstood empirical tests (see Spencer, 1988). In comparison studies with non-minority youth, African American children consistently show positive self esteem.

On the one hand, boys showed an increase from Time 1 to Time 2 in overall mean self esteem and in the qualities "happy," "having a lot of ability," and "more clean." On the other hand, they showed a decline in measures of both "student self" and "intellectual self." The trend for a lower mean score for both "student self" and "intellectual self" was even more apparent for the older transition group than for the younger. Whereas positive perceptions of general ability appear to be in place quite early, the more specific perception of competence in school seems to be increasingly eroded the longer African American males remain in the American school.

The pattern for girls shows more consistency between perceptions of self as "having a lot of ability" and "student self"; increases in both perceptions of ability and "student self" are apparent for African American girls. The findings

appear consistent with data compiled by Irvine (1990) and Washington (1988), who suggest that African American girls experience fewer school-based problems than African American boys. The boys may be more often viewed and interacted with--especially given media-supported stereotypes--as "dangerous [short adult] males" as opposed to "education-seeking" youths. Given these gender differences and the specific decrease in males' school-related self esteem, a male mentoring model that focuses specifically on school-based self esteem appears to be a dire need.

Significant gender differences also appeared in relation to "perception of self as healthy"; boys' scores were significantly lower than girls'. It is important to ask whether this early pattern of health orientation and awareness has implications for the consistent differences observed in mortality and morbidity rates between males and females across the life-course. Given the special health needs and problems of minority group males, the issue has important program and policy implications; we are presently investigating these issues in a Ford Foundation and Spencer Foundation longitudinal study of nearly 600 subjects--mainly male early and middle adolescent youth--whom we hope to follow into early adulthood.

Boys also demonstrated a decrease in "fear of things" compared with the mean score for girls. The finding deserves further investigation since health impairment due to accident and injury continues to be a major problem for males generally.

There are salient implications of the patterned findings for efficacy in the provider role for self and "dependent other." The relationships are important for the viability of minority family life and the effective rearing of competent and healthy African American children.

In sum, findings from earlier projects indicate both continuities and discontinuities for African American youths' development during two important transition periods. In addition, preliminary "eye-balling" of data from our current project suggests similar patterns for older transition groups; the ongoing retention policies for many school systems result in many boys experiencing one, two, or even three grade retentions by the sixth grade. Thus, for our current Ford and Spencer Foundation samples, many of our boys are much older--and thus physically larger--than ordinarily expected for sixth, seventh, or eighth grade students. Accordingly, our current research sample of African American adolescents includes two transitions: one for an early to middle adolescent transition period, and another transition for a middle to late or early adulthood transition. The pattern of findings and preliminary analyses of current research suggest the need for a different research agenda and very precise intervention strategies.

Findings suggest that interventions proposed should start early and continue in developmentally specific and appropriate ways. Intervention proposals and supportive policies should (a) focus on competence specifically as it relates to school, (b)

acknowledge the quality of life most often linked with minority status, such as the chronic stress which is associated with economic abuses, (c) demonstrate an awareness of racism and its consequences, and (d) focus on these variables simultaneously with an awareness of health orientation patterns, stress reactivity, and coping patterns. I hope that the research presented will be helpful in developing a more precise and prescriptive mentoring program framework.

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